

| POSITION                  | INITIALS   | ID NO.       | DATE           |
|---------------------------|------------|--------------|----------------|
| FEE DETERMINATION         | <i>A-H</i> | <i>72192</i> | <i>1/24/10</i> |
| O.I.P.E. CLASSIFIER       |            | <i>21</i>    | <i>2/10/10</i> |
| FORMALITY REVIEW          | <i>DW</i>  | <i>72346</i> | <i>2-15-10</i> |
| RESPONSE FORMALITY REVIEW |            |              |                |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     |          |      |
| 2     | 0     |          |      |
| 3     | 0     |          |      |
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| 6     | 0     |          |      |
| 7     | 0     |          |      |
| 8     | 0     |          |      |
| 9     | 0     |          |      |
| 10    | ✓     |          |      |
| 11    | ✓     |          |      |
| 12    | ✓     |          |      |
| 13    | 0     |          |      |
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| 33    | ✓     |          |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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